

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025408

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED JUL 2 1962

590

1710

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>St. Louis</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>-</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Valley Park</i> | | c. CITY OR TOWN <i>St. Louis</i> | |
| Length of stay in lb <i>3 yrs.</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Valley Park Nursing Home</i> | | d. STREET ADDRESS (If outside, give location) <i>6985 Bancroft</i> | |
| 3. NAME OF DECEASED (Type or print) First <i>Mamie Marie</i> Middle <i>Boylan</i> Last <i>Boylan</i> | | 4. DATE OF DEATH Month <i>June</i> Day <i>6</i> Year <i>1962</i> | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>12-18-89</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>self</i> | 9. AGE (last birthday) <i>72</i> |
| 13a. FATHER'S NAME <i>Staehle</i> | | 13b. MOTHER'S MAIDEN NAME <i>unknown</i> | 11. BIRTHPLACE (City and state or country) <i>Belleville, Illinois</i> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i> | |
| 17. INFORMANT <i>Mrs. Madeline Rascher</i> | | Address <i>5137 Hilda 23</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>2-3 years</i> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <i>St. Louis</i> | |
| 20g. COUNTY <i>Mo.</i> | | 20h. STATE <i>Mo.</i> | |
| 21. I attended the deceased from <i>Sept. 19, 1962</i> to <i>June 6, 1962</i> and last saw her alive on <i>June 3, 1962</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <i>John D. Landers, M.D.</i> (Degree or title) | |
| 22b. ADDRESS <i>1502 Cass Ave</i> | | 22c. DATE SIGNED <i>6-7-62</i> | |
| 23a. BURIAL, CREMATION, REMOVAL, (Specify) <i>burial</i> | | 23b. DATE <i>6-9-62</i> | |
| 23c. NAME OF CEMETERY OR CREMATORY <i>Webster Groves</i> | | 23d. LOCATION (City, town, or county) <i>St. Louis</i> | |
| 24. FUNERAL DIRECTOR <i>MITTELBERG-GERSER</i> ADDRESS <i>COLONIAL CHAPEL</i> <i>WEBSTER GROVES 12, MO.</i> | | 25. DATE RECD. BY LOCAL REG <i>6-8-62</i> | |
| 26. REGISTRAR'S SIGNATURE <i>John B. Murphy, M.D.</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.